

**General Information**

Reporting Agency:	NORS Submitted?
Manager Interview Conducted?	Facility Observations Conducted?
Agency Contact Name:	Email:

**Facility Information**

Facility Name & Address:		
Does the food establishment have multiple locations?		Were other locations contacted?
<b>If Yes</b> , describe the contact with other facilities:		
Total number of food workers:	Number of ill food workers:	Number of food workers tested:

**Exposure Information**

Date of First Meal:	Time of First Meal:	Multiple Meal Dates?
Was the EA conducted at a similar time to when the suspected food was served or prepared?		
Meal Consumed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Brunch <input type="checkbox"/> Other:		
Number Exposed:	Number of Ill:	Number of Ill Tested:
Incubation:	Duration:	<b>Note:</b> Indicate the median incubation period among primary cases. Include units (minutes, hours, or days).
Symptoms:		

**Previous Routine Inspection**

Previous Routine Inspection Date:	<b>Note:</b> Submit a Red/Blue Form if one was completed during the EA.		
Previous Routine Inspection Score:	Total Points:	Red Points:	Blue Points:
<input type="checkbox"/> N/A	<b>If Other</b> , describe:		

**Notification Information**

Date Local Health Notified:	<input type="checkbox"/> Customer <input type="checkbox"/> FE <input type="checkbox"/> FINS <input type="checkbox"/> Surveillance <input type="checkbox"/> Other:
Date DOH Food Safety Notified:	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> SharePoint <input type="checkbox"/> None <input type="checkbox"/> Other:

**Briefly summarize this outbreak investigation.**

**Food Flows** Use this space to show the food flow for each suspected/confirmed food. RTE foods may be grouped together. Include and identify the risk factors for each prep step, circle where evidence supports a contributing factor and indicate all *verified* temperatures (HH, CH, RH, Cooking). Use a standard flow chart or a narrative describing where the risk factors and contributing factors were identified.

# NATIONAL ENVIRONMENTAL ASSESSMENT REPORTING SYSTEM (NEARS) INSTRUMENT, V04 2022

## Set 1

Part I - General Characterizations

Part II - Establishment characterization Part Va - Suspected/Confirmed

Foods Part Vb - Suspected/Confirmed Ingredients Part VI - Positive Samples

Part VII - Contributing Factors

OMB No.: 0920-0980  
Exp. Date: 02/28/2026

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, MS D-74; 1600 Clifton Road NE, Atlanta, Ga. 30333; ATTN: PRA (0920-0980)

Part	Description
<b>Part I- General characterization of the outbreak and outbreak response</b>	Complete this section for each outbreak, in consultation with the investigation team, at the end of the investigation.
<b>Part II- Establishment characterization, categorization, and menu review</b>	Complete this section for each establishment linked with an outbreak. Complete this section after the establishment observation and manager interview are conducted, and sampling activities are complete.
<b>Part III- Manager interview</b>	Complete this section for each establishment linked with an outbreak. Conduct an establishment manager interview as soon as possible after the establishment is identified for an environmental assessment. Read all bold text aloud.
<b>Part IV- Establishment observation</b>	Complete this section for each establishment linked with an outbreak. Conduct an establishment observation as soon as possible after the establishment is identified for an environmental assessment. These questions are based on the observation of the establishment and the food handling practices <u>at the time of the initial environmental assessment</u> and <u>not</u> those thought to have been in place at the time of the exposure. Data collection should occur during the establishment's hours of operation.
<b>Part Va- Suspected/confirmed foods</b>	Complete this section for each suspected/confirmed food.
<b>Part Vb- Suspected/confirmed foods, ingredients</b>	Complete this section for each ingredient in the suspected/confirmed food(s).
<b>Part VI- Positive samples</b>	Complete this section for each <i>positive</i> sample.
<b>Part VII- Contributing factors</b>	Complete this section for each contributing factor identified in the outbreak.

**Notes:**

Throughout the data collection instrument, boxes (☐) mean that there could be multiple answers to the question, while circles (○) mean that there is only one answer to the question.

**Part I- General characterization of the outbreak and outbreak response:** Complete this form for each outbreak, in consultation with the investigation team, at the end of the investigation.

Outbreak description	
1. Did the exposure(s) take place in a single or multiple locations (ex: one restaurant or two or more restaurants, one restaurant or a restaurant and a school)?	<input type="radio"/> Single <input type="radio"/> Multiple
2. Did the exposure(s) occur in a single state or multiple states?	<input type="radio"/> Single <input type="radio"/> Multiple
3. Did the exposure(s) happen in a single county/township/parish or multiple counties/townships/parishes?	<input type="radio"/> Single <input type="radio"/> Multiple
4. How many food service establishment locations within your jurisdiction were associated with this outbreak?	#:
5. How many environmental assessments were conducted at food service establishments in your jurisdiction as a part of this outbreak?	#:
5a. If <u>no</u> environmental assessments were conducted: Why were no environmental assessments conducted at food service establishments in your jurisdiction as a part of this outbreak?	
6. How many non-food service establishments in your jurisdiction were associated with this outbreak?	#:
6a. If non-food service establishments in your jurisdiction were associated with the outbreak: How many environmental assessments were conducted at non-food service establishments in your jurisdiction as part of this outbreak? (Non-food service establishments include food distribution centers, warehouses, manufacturers, processing plants, or farms.)	#:
7. Was a primary agent identified (suspected or confirmed) in this outbreak? (Agents are considered confirmed if they are confirmed as determined by CDC guidelines: <a href="https://www.cdc.gov/foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html">https://www.cdc.gov/ foodsafety/outbreaks/investigating-outbreaks/confirming_diagnosis.html</a> )	<input type="radio"/> Yes, confirmed <input type="radio"/> Yes, suspected <input type="radio"/> No
7a. If a primary agent was identified: What was the identified agent? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="radio"/> Hepatitis A  <input type="radio"/> <i>Bacillus cereus</i>  <input type="radio"/> <i>Campylobacter</i>  <input type="radio"/> <i>Clostridium perfringens</i>  <input type="radio"/> <i>Cryptosporidium</i>  <input type="radio"/> <i>Cyclospora</i>  <input type="radio"/> <i>E. coli</i> 0157:H7  <input type="radio"/> <i>E. coli</i> STEC/VTEC  <input type="radio"/> <i>Listeria</i>  <input type="radio"/> Norovirus             </div> <div style="width: 50%;"> <input type="radio"/> <i>Salmonella</i>  <input type="radio"/> <i>Shigella</i>  <input type="radio"/> <i>Staphylococcus aureus</i>  <input type="radio"/> <i>Vibrio parahaemolyticus</i>  <input type="radio"/> <i>Yersinia</i>  <input type="radio"/> Ciguatera toxin  <input type="radio"/> Scombrototoxin  <input type="radio"/> Toxic agent, <i>Describe:</i> _____  <input type="radio"/> Chemical hazard, <i>Describe:</i> _____  <input type="radio"/> Physical hazard, <i>Describe:</i> _____  <input type="radio"/> Other, <i>Describe:</i> _____             </div> </div>	
8. Was this outbreak reported to a state or local Communicable Disease Surveillance Program?	<input type="radio"/> Yes <input type="radio"/> No
8a. If the outbreak was reported to a state or local program: Select the state or local surveillance program(s) where this outbreak was reported. (Check all that apply)	<input type="checkbox"/> State – outbreak reporting number assigned by the state: _____ <input type="checkbox"/> Local – outbreak reporting number assigned by the jurisdiction: _____ <input type="checkbox"/> Other, <i>Describe:</i> _____

9. Was this outbreak reported to a national surveillance system?		<input type="radio"/> Yes <input type="radio"/> No <b>OFFICE USE ONLY</b>	
<b>9a.</b> If the outbreak was reported to a national program: Select the national surveillance program(s) where this outbreak was reported and record the corresponding reporting number. (Check all that apply)		<input type="checkbox"/> NORS - STATEID: <b>OFFICE USE ONLY</b> <input type="checkbox"/> NORS - CDCID: _____ <input type="checkbox"/> PulseNet – outbreak code: _____ <input type="checkbox"/> CaliciNet – outbreak number: _____ <input type="checkbox"/> Other, Describe: _____	
<b>Suspected/confirmed food</b>			
10. Was a specific ingredient or multi-ingredient food suspected or confirmed in this outbreak?		<input type="radio"/> Yes <i>Complete Parts Va and Vb, Suspected/Confirmed Foods</i> <input type="radio"/> No	
10a. If an ingredient/food was <u>not</u> suspected or confirmed: Explain why this outbreak was considered foodborne.			
11. Provide any comments that would help describe the foods involved in this outbreak.			
<b>Contributing factors/other</b>			
12. Were any contributing factors identified in this outbreak?		<input type="radio"/> Yes <i>Complete Part VII, Contributing Factors</i> <input type="radio"/> No	
13. What activities were conducted during the outbreak investigation to try to identify the contributing factors? (Check all that apply)		<input type="checkbox"/> Routine inspection <input type="checkbox"/> Food sampling <input type="checkbox"/> Interviews with establishment manager(s) <input type="checkbox"/> Clinical sampling <input type="checkbox"/> Interviews with establishment worker(s) <input type="checkbox"/> Epidemiologic investigation (case-control or cohort study) <input type="checkbox"/> Observation of general food preparation activities during establishment visit <input type="checkbox"/> Interviews with cases (but not controls) <input type="checkbox"/> Food preparation review <input type="checkbox"/> Traceback <input type="checkbox"/> Assumed based on etiology <input type="checkbox"/> Other, Describe: <input type="checkbox"/> Environmental sampling	
14. Please rate the quality of communication between the food regulatory program and the communicable disease program during this outbreak investigation.			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="radio"/> Very poor</div> <div style="text-align: center;"><input type="radio"/> Poor</div> <div style="text-align: center;"><input type="radio"/> Fair</div> <div style="text-align: center;"><input type="radio"/> Good</div> <div style="text-align: center;"><input type="radio"/> Very good</div> <div style="text-align: center;"><input type="radio"/> There was no communication</div> </div>			

<b>15. What were the environmental antecedent(s) of this outbreak? (<i>Check all that apply</i>)</b>		
<input type="checkbox"/> Lack of training of employees on specific processes <input type="checkbox"/> Lack of oversight of employees/ enforcement of policies <input type="checkbox"/> High turnover of employees or management <input type="checkbox"/> Low/insufficient staffing <input type="checkbox"/> Lack of a food safety culture/ attitude towards food safety <input type="checkbox"/> Language barrier between management and employees <input type="checkbox"/> Insufficient capacity of equipment (not enough equipment for the processes) <input type="checkbox"/> Equipment is improperly used <input type="checkbox"/> Lack of preventative maintenance on equipment <input type="checkbox"/> Improperly sized or installed equipment for the facility	<input type="checkbox"/> Poor facility layout <input type="checkbox"/> Lack of sick leave or other financial incentives to adhere to good practices <input type="checkbox"/> Lack of needed supplies for the operation of the restaurant <input type="checkbox"/> Insufficient process to mitigate the hazard <input type="checkbox"/> Employees or managers are not following the facility's process <input type="checkbox"/> Food not treated as TCS (may include non-TCS foods that have been contaminated) <input type="checkbox"/> Other, <i>Describe</i> :	
<b>16. Briefly describe any other information about the underlying causes of the outbreak (ex: order of environmental antecedents).</b>		
<b>17. Were any control measures implemented for this outbreak?</b>		<input type="radio"/> Yes <input type="radio"/> No
<b>17a. If control measures were implemented, what were they? (<i>Check all that apply</i>)</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Re-trained or trained food worker(s)  <input type="checkbox"/> Discarded food  <input type="checkbox"/> Cleaned and sanitized/disinfected restaurant  <input type="checkbox"/> Closed restaurant  <input type="checkbox"/> Excluded ill/infectious workers         </div> <div style="width: 50%;"> <input type="checkbox"/> Changed operational practice  <input type="checkbox"/> Repaired/replaced/removed equipment  <input type="checkbox"/> Embargoed food products  <input type="checkbox"/> Public notification  <input type="checkbox"/> Other, <i>Describe</i>:         </div> </div>	

**Part II- Establishment characterization, categorization, and menu review:** Complete this form after the establishment observation and manager interview are conducted, and sampling activities are complete.

1. Date the establishment was identified for an environmental assessment (MM/DD/YYYY):		
2. Date of first contact with establishment management (MM/DD/YYYY):		
3. Number of visits to the establishment to complete this environmental assessment:		#:
4. Number of contacts with the establishment other than visits (ex: phone calls, phone interviews with staff, email) to complete this environmental assessment:		#:
5. Facility type	<input type="radio"/> Camp <input type="radio"/> Mobile food unit <input type="radio"/> Caterer <input type="radio"/> Nursing home <input type="radio"/> Church <input type="radio"/> Temporary food stand <input type="radio"/> Correctional facility <input type="radio"/> Restaurant <input type="radio"/> Daycare center <input type="radio"/> Restaurant in a supermarket <input type="radio"/> Feeding site <input type="radio"/> School food service <input type="radio"/> Food cart <input type="radio"/> Workplace cafeteria <input type="radio"/> Grocery store <input type="radio"/> Cottage/home-based food operation <input type="radio"/> Hospital <input type="radio"/> Other, <i>Describe</i> :	
6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection?		#:
6a. <i>If critical violations were noted:</i> Mark any of the following observed during the last routine inspection.		
1. Improper hot/cold holding temperatures of foods (TCS/PHF)		<input type="radio"/> Yes <input type="radio"/> No
2. Improper cooking temperatures of food		<input type="radio"/> Yes <input type="radio"/> No
3. Soiled and/or contaminated utensils and equipment		<input type="radio"/> Yes <input type="radio"/> No
4. Poor employee health and hygiene		<input type="radio"/> Yes <input type="radio"/> No
5. Food from unsafe sources		<input type="radio"/> Yes <input type="radio"/> No
6. Other		<input type="radio"/> Yes <input type="radio"/> No
7. Was an interpreter <b>needed</b> to communicate with the kitchen manager during the environmental assessment?		<input type="radio"/> Yes <input type="radio"/> No
7a. <i>If an interpreter was needed:</i> Was an interpreter <b>used</b> to communicate with the kitchen manager?		<input type="radio"/> Yes <input type="radio"/> No
8. Was an interpreter <b>needed</b> to communicate with the food workers during the environmental assessment?		<input type="radio"/> Yes <input type="radio"/> No
8a. <i>If an interpreter was needed:</i> Was a interpreter <b>used</b> to communicate with the food workers?		<input type="radio"/> Yes <input type="radio"/> No
9. Establishment type: Prep-serve=all food items are prepared and served without a kill step. Cook-serve=at least one food item is prepared for same day service and involves a kill step. Complex=at least one food item requires a kill step and holding beyond same-day service or a kill step and some combination of holding, cooling, freezing, reheating.		<input type="radio"/> Prep-Serve <input type="radio"/> Cook-Serve <input type="radio"/> Complex
10. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment?		<input type="radio"/> Yes <input type="radio"/> No
11. Does the establishment serve raw or undercooked animal products (ex: oysters, shell eggs) in any menu item?		<input type="radio"/> Yes <input type="radio"/> No
11a. <i>If establishment serves raw or undercooked animal products:</i> Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (ex: on the menu, on a sign)?		<input type="radio"/> Yes <input type="radio"/> No



<b>11a1.</b> <i>If establishment serves raw or undercooked animal products and has an advisory: Where is the consumer advisory located? (Check all that apply)</i>	<input type="checkbox"/> On the menu as a footnote <input type="checkbox"/> On the menu in the menu item description <input type="checkbox"/> On a sign <input type="checkbox"/> Other, <i>Describe:</i>
<b>12.</b> Which one of these options best describes the menu for this establishment?	<input type="radio"/> American (non-ethnic) <input type="radio"/> French <input type="radio"/> Chinese <input type="radio"/> Italian <input type="radio"/> Thai <input type="radio"/> Mexican <input type="radio"/> Mediterranean/ Middle Eastern <input type="radio"/> Japanese <input type="radio"/> Other, <i>Describe:</i>
<b>Samples</b>	
<b>13.</b> Were any samples taken in this establishment?	<input type="radio"/> Yes <i>If any samples were positive, complete Part VI, Positive samples</i> <input type="radio"/> No
<b>13a.</b> <i>If environmental samples were taken: Where were they taken? (Check all locations that apply and enter the number of samples taken at each location)</i>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Floor drain, #: _____  <input type="checkbox"/> Food prep table, #: _____  <input type="checkbox"/> Utensil (ex: tongs, pan), #: _____  <input type="checkbox"/> Sink, #: _____  <input type="checkbox"/> Slicer, #: _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Inside any cooling unit (ex: walk-in, reach-in), #: _____  <input type="checkbox"/> Inside any heating unit #: _____  <input type="checkbox"/> Wall, ceiling, #: _____  <input type="checkbox"/> Floor (ex., floor, floor mat), #: _____  <input type="checkbox"/> Other, #: _____  <i>Describe:</i> </div> </div>
<b>13b.</b> <i>If food samples were taken: What foods or ingredients were sampled? (Check all that apply and enter the number of samples taken of each food.)</i>	<p>The names given below should match the specific food name(s) given in Part V.</p> <input type="checkbox"/> Specific food ingredient A, #: _____ Name _____ <input type="checkbox"/> Specific food ingredient B, #: _____ Name _____ <input type="checkbox"/> Specific food ingredient C, #: _____ Name _____ <input type="checkbox"/> Specific food ingredient D, #: _____ Name _____ <p>The names given below should match the multi- ingredient food name(s) given in Part V.</p> <input type="checkbox"/> Multi-ingredient food A, #: _____ Name _____ <input type="checkbox"/> Multi-ingredient food B, #: _____ Name _____ <input type="checkbox"/> Multi-ingredient food C, #: _____ Name _____ <input type="checkbox"/> Multi-ingredient food D, #: _____ Name _____

NEARS Instrument, V04 2022

**Part Va- Suspected/confirmed foods:** Complete this section for each suspected/confirmed food.

Suspected/confirmed food #	#:												
1. What is the name of the suspected or confirmed ingredient/food vehicle? <i>Note: Name should match Part I, #10.</i>													
2. Is this food a single specific ingredient or multi-ingredient?	<input type="radio"/> Single specific ingredient food (ex: ground beef) <input type="radio"/> Multi-ingredient food (ex: hamburger sandwich)												
3. Select the reason that best describes how this single specific ingredient or multi-ingredient food was implicated in the outbreak. <i>(Check all that apply)</i>	<input type="checkbox"/> Outbreak agent was not identified in clinical or environmental samples, but the ingredient/food has historically been associated with the suspected agent based on clinical information (ex: ill persons' symptoms suggest a particular agent and the ingredient is commonly associated with that agent, ex: histamine reaction and fish suggest scombroid poisoning) <input type="checkbox"/> Ingredient/food was epidemiologically linked with cases ( <b>not</b> statistically significant). <input type="checkbox"/> Ingredient/food was epidemiologically linked with cases (statistically significant). <input type="checkbox"/> Agent was confirmed in samples of an epidemiologically linked food. <input type="checkbox"/> Agent was confirmed in clinical samples. <input type="checkbox"/> Isolates from clinical and food samples <u>closely related or identical</u> by molecular typing. <input type="checkbox"/> Other, <i>Describe:</i>												
4. Which of the following best describes the food preparation process used for this specific ingredient or multi-ingredient food before consumption?	<input type="radio"/> <b>Prep-Serve:</b> NO kill step; may include heating commercially prepared foods for service. <input type="radio"/> <b>Cook-Serve:</b> Kill step; may be followed by hot holding but is prepared for same-day service. <input type="radio"/> <b>Complex 1:</b> Kill step, followed by holding beyond same-day service. <input type="radio"/> <b>Complex 2:</b> Kill step, followed by holding and cooling. <input type="radio"/> <b>Complex 3:</b> Kill step, followed by holding, cooling, and reheating. <input type="radio"/> <b>Complex 4:</b> Kill step, followed by holding, cooling, freezing, and reheating.												
5. During the likely time the ingredient/food was prepared, were any events noted that appeared to be different from the ordinary operating circumstances or procedures, as described by managers and/or workers?	<input type="radio"/> Yes <input type="radio"/> No												
5a. <i>If events appeared to be different from ordinary circumstances:</i> How would those events best be characterized? <i>(Check all that apply)</i>	Differences with: <table border="0"> <tr> <td><input type="checkbox"/> Ingredient(s) used (ex: different source or form, a substitution)</td> <td><input type="checkbox"/> Equipment used to store or hold the food</td> </tr> <tr> <td><input type="checkbox"/> How ingredient(s) were handled</td> <td><input type="checkbox"/> Equipment used to clean/sanitize food contact surfaces</td> </tr> <tr> <td><input type="checkbox"/> Method of preparation, cooking, holding, serving the food</td> <td><input type="checkbox"/> Employees involved in preparing, cooking, holding, and/or serving food</td> </tr> <tr> <td><input type="checkbox"/> Equipment used to handle the food</td> <td><input type="checkbox"/> Ill employees</td> </tr> <tr> <td><input type="checkbox"/> Equipment used to cook the food</td> <td><input type="checkbox"/> Ill family members</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other, <i>Describe:</i></td> </tr> </table>	<input type="checkbox"/> Ingredient(s) used (ex: different source or form, a substitution)	<input type="checkbox"/> Equipment used to store or hold the food	<input type="checkbox"/> How ingredient(s) were handled	<input type="checkbox"/> Equipment used to clean/sanitize food contact surfaces	<input type="checkbox"/> Method of preparation, cooking, holding, serving the food	<input type="checkbox"/> Employees involved in preparing, cooking, holding, and/or serving food	<input type="checkbox"/> Equipment used to handle the food	<input type="checkbox"/> Ill employees	<input type="checkbox"/> Equipment used to cook the food	<input type="checkbox"/> Ill family members		<input type="checkbox"/> Other, <i>Describe:</i>
<input type="checkbox"/> Ingredient(s) used (ex: different source or form, a substitution)	<input type="checkbox"/> Equipment used to store or hold the food												
<input type="checkbox"/> How ingredient(s) were handled	<input type="checkbox"/> Equipment used to clean/sanitize food contact surfaces												
<input type="checkbox"/> Method of preparation, cooking, holding, serving the food	<input type="checkbox"/> Employees involved in preparing, cooking, holding, and/or serving food												
<input type="checkbox"/> Equipment used to handle the food	<input type="checkbox"/> Ill employees												
<input type="checkbox"/> Equipment used to cook the food	<input type="checkbox"/> Ill family members												
	<input type="checkbox"/> Other, <i>Describe:</i>												

**Part Vb- Suspected/confirmed food, ingredients:** Complete this section for EACH ingredient in the suspected/confirmed food(s).

1. Name of ingredient			
2. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe:			
3. Did any of the following intend for the food to be consumed <u>raw or undercooked</u> ? (Check all that apply)		<input type="checkbox"/> Manufacturer/Processor <input type="checkbox"/> Establishment <input type="checkbox"/> Customer <input type="radio"/> N/A <input type="radio"/> Unknown	
4. If ingredient is:			
a. Poultry, Select the type:	<input type="radio"/> Chicken <input type="radio"/> Goose <input type="radio"/> Other (ex: emu), <i>Describe:</i> <input type="radio"/> Turkey <input type="radio"/> Duck		
b. Seafood, Select the type:	<input type="radio"/> Fin fish (ex: trout, cod) <input type="radio"/> Crustaceans (ex: shrimp) <input type="radio"/> Other seafood, <i>Describe:</i> <input type="radio"/> Shellfish (ex: oysters) <input type="radio"/> Marine mammals (ex: dolphins)		
c. Beef, pork, lamb, other meat, Select the type:	<input type="radio"/> Beef <input type="radio"/> Lamb <input type="radio"/> Pork <input type="radio"/> Miscellaneous meat (ex: goat, rabbit), <i>Describe:</i>		
d. Poultry, seafood, beef, pork, lamb, other meat, Select the best description of the product <i>upon arrival</i> at the food service establishment:	<input type="radio"/> Raw, nonfrozen <input type="radio"/> Commercially processed precooked, may require heating for palatability (ex: deli meat, hot dogs, fully cooked frozen fish heated for service) <input type="radio"/> Dried/Smoked <input type="radio"/> Raw, frozen <input type="radio"/> Commercially processed, further cooking required (ex: chicken nuggets that require full cooking) <input type="radio"/> Other, <i>Describe:</i> <input type="radio"/> Raw, intended for raw service (ex: oysters, steak tartare)		
e. Dairy, Select the best description of the product <i>upon arrival</i> at the food service establishment:	<input type="radio"/> Pasteurized fluid milk <input type="radio"/> Pasteurized dairy product, <i>Describe:</i> <input type="radio"/> Cheese, <i>Describe:</i> <input type="radio"/> Unpasteurized fluid milk <input type="radio"/> Unpasteurized dairy product, <i>Describe:</i>		
f. Eggs, Select the best description of the product <i>upon arrival</i> at the food service establishment:	<input type="radio"/> Pasteurized in-shell eggs <input type="radio"/> Pasteurized egg product <input type="radio"/> Unpasteurized egg product <i>Describe the egg ingredient:</i>		
g. If ingredient is a plant or plant product, Select the type:	<input type="radio"/> Fruit (ex: apples, berries, citrus) <input type="radio"/> Nuts/Seeds (ex: pecans, sesame seeds) <input type="radio"/> Grains/Cereal products (ex: bread, pasta) <input type="radio"/> Fungi (ex: mushrooms) <input type="radio"/> Grains/Cereals (ex: rice, wheat, oats) <input type="radio"/> Produce <i>Describe the plant ingredient:</i>		
h. If ingredient is produce, Select the type:	<input type="radio"/> Greens (ex: romaine, spinach) <input type="radio"/> Root vegetable (ex: potatoes, garlic) <input type="radio"/> Sprouts (ex: alfalfa) <input type="radio"/> Vine or above ground vegetable (ex: asparagus, black beans) <i>Describe the produce ingredient:</i>		
i. If ingredient is a plant or plant product, Select the best description of the plant product <i>upon arrival</i> at the food service establishment:	<input type="radio"/> Raw, whole, nonfrozen (ex: green beans) <input type="radio"/> Commercially processed fresh product (ex: bagged lettuce) <input type="radio"/> Commercially processed - canned <input type="radio"/> Raw, frozen (ex: frozen corn) <input type="radio"/> Dried <input type="radio"/> Other, <i>Describe:</i>		
j. If ingredient is not described in the previous categories, Describe the ingredient:			

**Part VI- Positive samples:** Complete this section for each positive sample.

Positive sample #:	Date sample was collected (DD/MM/YYYY):		
1. Describe the agent(s) found in the sample:	<b>a. Agent (Check all that apply)</b>	<b>b. Serotype, if identified</b>	<b>c. Matched a clinical sample</b>
	<input type="checkbox"/> Hepatitis A		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Bacillus cereus</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Campylobacter</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Clostridium perfringens</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Cryptosporidium</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Cyclospora</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>E. coli</i> 0157:H7		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>E. coli</i> STEC/VTEC		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Listeria</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> Norovirus		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Salmonella</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Shigella</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Staphylococcus aureus</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Vibrio parahaemolyticus</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Yersinia</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Ciguatera toxin</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> <i>Scombrototoxin</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> Toxic agent, <i>Describe:</i>		<input type="radio"/> Yes <input type="radio"/> No
	<input type="checkbox"/> Chemical hazard, <i>Describe:</i>		<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Physical hazard, <i>Describe:</i>		<input type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Other, <i>Describe:</i>		<input type="radio"/> Yes <input type="radio"/> No	
2. Where was the sample taken?	<input type="radio"/> Floor drain <input type="radio"/> Slicer <input type="radio"/> Wall, ceiling <input type="radio"/> Food prep table <input type="radio"/> Inside any cooling unit (ex: walk-in, reach-in) <input type="radio"/> Floor (ex: floor itself, floor mat) <input type="radio"/> Utensil (ex: tongs, pan) <input type="radio"/> Inside any heating unit <input type="radio"/> Other, <i>Describe:</i> <input type="radio"/> Sink The name given below should match the specific food name given in Part Va. <input type="radio"/> Specific food ingredient, <i>Describe:</i> The name given below should match the multi- ingredient food name given in Part Vb. <input type="radio"/> Multi-ingredient food, <i>Describe:</i>		
	3. Provide any other information about the specific sample. (ex: presence/absence, detect/non-detect, and results with a value (pH, X ppm, X cfu/g))		

**Part VII – Contributing factors:** Complete this section for each identified contributing factor in this outbreak.

**Reference document:** [Foodborne Illness Outbreak Contributing Factors](#)

1. Which contributing factors were identified? (Check all that apply.)			
<b>Contamination</b> <i>These factors relate to how the etiologic agent got onto or into the food.</i>	<b>Proliferation</b> <i>Select these factors for bacterial and fungal outbreaks only. Learn more <a href="#">here</a>.</i>	<b>Survival</b> <i>These factors are for bacterial, viral, parasitic, or fungal outbreaks only. Learn more <a href="#">here</a>.</i>	
N/A or None found	N/A or None found	N/A or None found	
<input type="checkbox"/> <a href="#">C1</a>	<input type="checkbox"/> <a href="#">P1</a>	<input type="checkbox"/> <a href="#">S1</a>	
<input type="checkbox"/> <a href="#">C2</a>	<input type="checkbox"/> <a href="#">P2</a>	<input type="checkbox"/> <a href="#">S2</a>	
<input type="checkbox"/> <a href="#">C3</a>	<input type="checkbox"/> <a href="#">P3</a>	<input type="checkbox"/> <a href="#">S3</a>	
<input type="checkbox"/> <a href="#">C4</a>	<input type="checkbox"/> <a href="#">P4</a>	<input type="checkbox"/> <a href="#">S4</a>	
<input type="checkbox"/> <a href="#">C5</a>	<input type="checkbox"/> <a href="#">P5</a>	<input type="checkbox"/> <a href="#">S5</a>	
<input type="checkbox"/> <a href="#">C6</a>	<input type="checkbox"/> <a href="#">P6</a>	<input type="checkbox"/> <a href="#">S6</a> Other process failures that permit pathogen survival (specify):	
<input type="checkbox"/> <a href="#">C7</a>	<input type="checkbox"/> <a href="#">P7</a>		
<input type="checkbox"/> <a href="#">C8</a>	<input type="checkbox"/> <a href="#">P8</a>		
<input type="checkbox"/> <a href="#">C9</a>	<input type="checkbox"/> <a href="#">P9</a>		
<input type="checkbox"/> <a href="#">C10</a>	<input type="checkbox"/> <a href="#">P10</a>		
<input type="checkbox"/> <a href="#">C11</a>	<input type="checkbox"/> <a href="#">P11</a> Other situations that promoted or allowed microbial growth of toxic production (specify):		
<input type="checkbox"/> <a href="#">C12</a>			
<input type="checkbox"/> <a href="#">C13</a> Other source of contamination (specify):			

2. In your judgment, which of these contributing factors was this the primary contributing factor for this outbreak? (Enter only one contributing factor.)

3. Briefly explain why each selected factor is a contributing factor in this outbreak. (Answer this question for each contributing factor identified.)